

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17133

State File No.

Registrar's No.

2129

FILED JUN 7 1949
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-6-43-4-14-43
(Specify whether years, months or days) unknown

3. (a) PRINT FULL NAME CALEB SCOTT

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 25 1907
(Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Columbus Georgia
(City, town, or country) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

12. Name Jeff Scott

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date of burial 5-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deeds

18. (a) Signature of funeral director Wm A. Brown

(b) Address City of Kansas

19. (a) 5-7-43 (b) Wm A. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 128 Missouri
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1943 hour 9:30 minute 2 M.

21. I hereby certify that I attended the deceased from April 6 1943 to April 14 1943
that I last saw him alive on April 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary congestion

Due to Hypertensive type heart disease

Due to

Other conditions 92 A
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Wm A. Brown (M. D. or other)

Address City of Kansas Date signed 4-15-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.